

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/599564		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2		/				52							
3						53							
4						54							
5						55							
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44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	5												
TOTAL DEP.	22												
TOTAL CLAIMS	27												